Provider Connection

NEWS FOR MEDCOST'S PPO NETWORK PROVIDERS

October 2011

Ensure CAQH Is Proactively Working For You

In This Issue...

MedCost

MedCost joined CAQH effective July 1, 2011, at the request of many of our provider partners. The CAQH's Universal Provider Datasource® allows a physician or health care provider to submit just one standard application, and MedCost can access the provider's information when needed for initial credentialing or recredentialing, streamlining the process for providers.

For you to realize the maximum benefit and ease of CAQH, we offer these suggestions:

- Be sure to authorize MedCost to access your information.
- Update your information every 120 days as requested by CAQH.
- Review and update all attached documentation as well as your main listing for CAQH. For example, make sure to supply CAQH with a current copy of your Certificate of Liability Insurance, ensure the correct credentialing contact person is listed, and include all practice locations on the CAQH application.

Following these recommendations will ensure that we have all the necessary information for the credentialing process and avoid any delays.

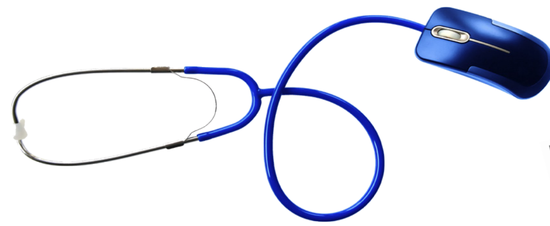
simplifying healthcare administration

CAQH®

hfma north carolina chapter
healthcare financial management association

Visit Us at the Health Insurance Institute Conference (October 13-14, 2011)

The North Carolina Chapter of the Healthcare Financial Management Association (NCHFMA) will sponsor the "2011 Health Insurance Institute" at the Sheraton Four Seasons in Greensboro, NC on October 13-14. MedCost will be presenting at the conference, and we look forward to seeing you there.



Joining MedCost Preferred Just Got a Little Easier

MedCost is always looking for ways to make administration easier for our providers, and that includes the process by which new practices and physicians join the MedCost Preferred network. Now you can sign up to join the network online. Visit our Web site at www.medcost.com, click on the Physicians & Providers tab, and select "Join Our PPO Network" from the left side menu. Choose the appropriate form (*New Practice Wishing to Join Our Network* or *Participating Practice Wishing to Add a New Provider*), complete the required information, and click submit.

ICD-10 and You: Coming Early 2012

Are you making preparations for the ICD-10 implementation deadline of October 1, 2013? Did you know there are over 122,000 new codes in ICD-10? Join MedCost for a web-based presentation on ICD-10-CM in early 2012 to get an overview of the major differences between ICD-10 and ICD-9 and to find out how these changes will likely affect you and your practice. The ICD-10 deadline will be here before you know it, so it will be important to learn what you can do to ease the transition. We will share more details in an upcoming issue.

Quick Tips to Avoid Common Claim Processing Delays

We know you want your claims to be processed as quickly as possible… and so do we! Here are some quick tips to help avoid common processing delays when filing professional claims electronically:

- List either the credentialed rendering provider or supervising MD's name in loop 2310B in the electronic file or block 31 on the CMS1500 form..
- If you are contracted to file charges for facility services on CMS1500 or EDI equivalent, please list the name of the facility in loop 2310B in the electronic file or block 31 on the CMS1500 form.
- Include Provider NPI number, not the MedCost Provider or relationship ID.
- Ancillary providers with multiple locations should populate loop 2310D in the electronic file or block 32 on the CMS1500 form.
- Utilize modifiers which impact repricing or payment as a priority over other modifiers which have no effect on repricing or payment.

New Clients Accessing MedCost Preferred

The following new employer groups recently began accessing the MedCost Preferred network (not a complete list):

Company Name	Group #	Employees	Claims Administrator	Eligibility Number
City of Laurinburg	207000	154	DST Health Solutions/FCC	800-811-3298
Craven County	415	630	ACS Benefit Services	800-849-5370
First South Bank	213300	279	DST Health Solutions/FCC	800-811-3298
Lutheran Family Services	5607	150	Wells Fargo TPA	800-624-8605
Palliative CareCenter & Hospice of Catawba County	WCI11004	122	The Loomis Company	800-346-1223
Taylor Express Inc.	BBS0176	124	Butler Benefit Service Inc.	866-927-2200

Remember to Request New ID Cards from MIT Plan Members

Effective July 1, 2011, the Municipal Insurance Trust (MIT) of North Carolina began accessing the MedCost Preferred network. If health plan members with MIT visit your office, please remember to ask for their new ID card and file claims as directed on the back of the card.

Assist Patients with Cost Questions

With rising health care prices and the increasing popularity of flexible spending accounts, health care spending accounts, and high deductible health plans, many people are becoming more active health care consumers. They want to make the best use of their resources, and they carefully consider the costs related to health services and procedures in the decision making process.

If any of your patients want to know their out-of-pocket costs for a particular procedure or service, they may contact your office to find out the allowable amount. Please work with them to provide this information. Patients also may need to contact their Claim Administrator to determine the portion of the allowable amount for which they will be responsible, since this will vary based on deductible and coverage levels.

As a general policy, MedCost does not release providers' allowable information to members. Individuals making any such requests through our Customer Service Contact Center will be referred to contact their provider.

Pearce & Pearce, Inc. Works with Unique Population of MedCost Covered Lives

It's back to school time once again, and if you have patients who are university students, you likely will see the name Pearce & Pearce, Inc. on their health plan ID cards. Pearce & Pearce is unique among Claim Administrators because they deal specifically with student populations and their families. They have been administering student health insurance since 1948, and have worked with MedCost since 2006 for their college block of business.

In total, Pearce & Pearce represents 27 university locations and nearly 70,000 students from across the country. Under most student health plans, member eligibility must be verified each semester by the university. For new students enrolling in a plan, a Certificate of Creditable Coverage must be submitted to Pearce & Pearce in order to waive pre-existing condition provisions. Due to the influx of incoming and returning students at their clients' campuses, Pearce & Pearce experiences an unusually high level of administration volume at this time of year. Please keep in mind that this sudden increase in volume could add to their normal payment turnaround time.

Pearce & Pearce appreciates your understanding, and they continue to try to improve their service and provide information more effectively through increased communications to students and links to their university clients.

Trustmark To Introduce Electronic Payment Options

Many Claim Administrators are beginning to implement various technologies regarding electronic payment because it means shorter payment turnaround times and allows for consolidated EOBs. Beginning mid-October, Trustmark/Starmark, a Claim Administrator that works with MedCost, will introduce electronic payment options through ECHO, a third party company that they utilize for EOB and provider payments.

Trustmark will offer various payment options through ECHO, and providers can choose the method that best fits their business needs. The payment program is hierarchical based, meaning a payment to a provider that is new to ECHO will begin with Automated Clearing House/Electronic Fund Transfer as the first payment choice and drop to the other options if the provider either can't accept this option or has an existing arrangement for another payment option.

The four payment choices under the ECHO program are:

- Automated Clearing House/Electronic Fund Transfer (ACH/EFT) – If the provider has given their banking information to ECHO, then the provider will be set to receive their payments via this method. Trustmark also will provide a link on the Explanation of Benefits (EOB) that will allow a provider to set up this payment method.
- V-Pay – V-Pay payment is a virtual stored value card and can be processed as a debit card transaction using the provider's merchant terminal.
- Optum Electronic Payment System (EPS) – If a provider has previously signed with them, electronic remittance and payment will be received through Optum Network. Payment will be set up via the ACH/EFT method. An e-mail notification that the remittance of payment is available will be sent to the provider.
- Paper Draft (Check) – If a provider is not signed up for any of the above methods or prefers the paper draft (check) option, the provider will receive a hard copy check.

If you have any questions or require further clarification regarding this payment process, please contact the Trustmark/Starmark Customer Service number located on the back of the member's ID card or go to www.medcost.com/Trustmark.pdf for a more detailed explanation of the program.

5010 Frequent Asked Questions (FAQs)

Q. What is the deadline for 5010 implementation?

Q. The implementation deadline for 5010 transaction standards is January 1, 2012.

What transactions will 5010 address?

837 Health Care Claim – claims (professional, institutional and dental)
835 Health Care Claim Payment/Remittance Advice – payment to providers
270/271 Eligibility for a Health Plan Inquiry and Response – eligibility requests and responses
276/277 Health Care Claims Status Request and Notification – claims status requests
278 Referral Certification and Authorization – referral requests and responses
834 Benefit Enrollment and Disenrollment – enrollment and disenrollment in a health plan
820 Health Plan Premium Payments – premium payments

Q. Will my software vendors and clearinghouses make my practice compliant?

Providers should not rely on their vendors for compliance or assume that they will be ready by the implementation date.

Q. What will happen if my practice is not compliant by the deadline?

Any transactions submitted to MedCost on or after January 1, 2012, that are not in the 5010 format will not be accepted. Your practice should be testing and running dual processes with your software vendors and clearinghouses now.

Q. Does MedCost have a companion guide?

Providers should request companion guides from their clearinghouses. MedCost does not receive 5010 files directly from providers.

Q. Since the 5010 format will accommodate the new ICD-10 code sets, will MedCost accept ICD-10 codes prior to the October 1, 2013, implementation deadline for ICD-10?

MedCost will accept claims with ICD-10 codes for services rendered only on or after October 1, 2013.
This includes ICD-10-CM and ICD-10-PCS.